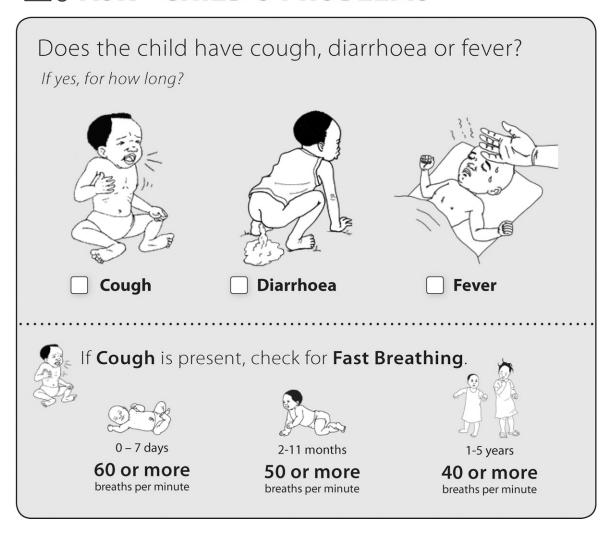
# 1 . ASK THE CAREGIVER

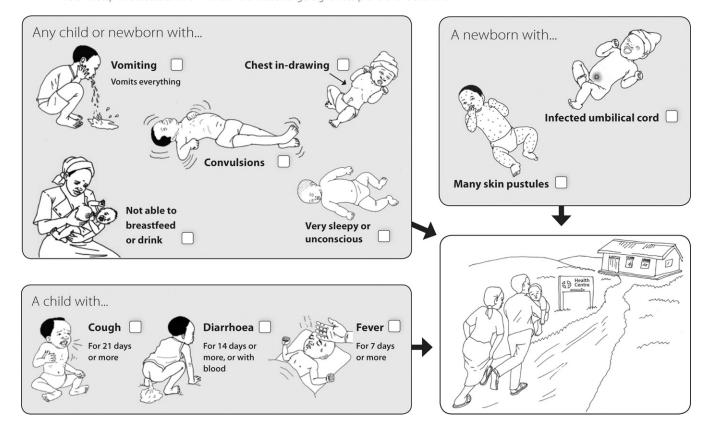


# 2. ASK - CHILD'S PROBLEMS



# 3. ASK AND LOOK FOR DANGER SIGNS AND REFER

Refer to Step 4a because children with some of these danger signs need pre-referral treatment.



# 4a. PRE-REFERRAL TREATMENT

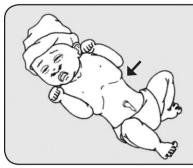
If the child has any of the danger signs below, give the following treatment:

#### Diarrhoea

For 14 days or more, or with blood in the stool

Begin giving the child ORS before you refer. Advise caregiver to continue giving ORS to the child on the way to the health centre.





### **Chest In-drawing or Fast Breathing**

With a Danger Sign

Give first dose of Amoxicillin before you refer.

2 - 11 months: 2 tabs from RED PACK

1 - 5 years: 3 tabs from GREEN PACK



#### Fever

For 7 days or more

Give first dose oral Anti-Malarial ACT.

4 months - 2 years: 1 tab from YELLOW PACK

3 - 5 years: 2 tabs from BLUE PACK

# Fever and a General Danger Sign Give Rectal Artesunate. 1 - 3 years: 2 caps 4 - 5 years: 4 caps Help caregiver give dose.

#### Newborn

With a Danger Sign

REFER



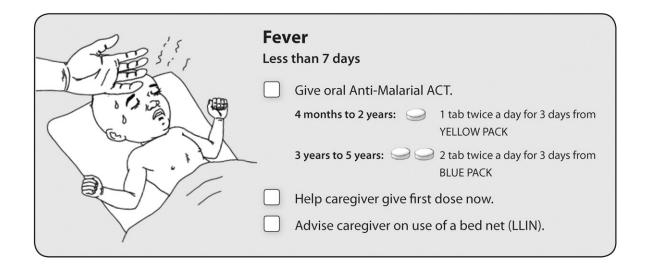
# 4b. TREAT AND ADVISE

Help caregiver give first dose now.

If the child has any of the symptoms below with NO danger signs, give the following treatment:

	Cough With fast breathing for less than 21 days
P3	Give oral antibiotic – Amoxicillin.
T. Sa	Advise caregiver to give:  2 - 11 months: 2 2 tabs twice a day for 5 days from RED PACK
A 2/2	1 - 5 years: 3 tabs twice a day for 5 days from GREEN PACK
	Help caregiver give first dose now.

# For less than 14 days, and without blood in stool Give ORS. Help caregiver give child ORS solution in front of you until the child is no longer thirsty. Give caregiver 2 ORS packets to take home. Advise caregiver to give as much as child wants, but at least ½ cup ORS solution after each loose stool. Give zinc supplement. Give 1 dose daily for 10 days. 2 to 6 months: ½ a tab once a day for 10 days 6 months to 5 years: 1 tab once a day for 10 days



# 5. ADVICE FOR ALL CHILDREN TREATED AT HOME

# Give more fluids and continue feeding

- Advise caregiver to give plenty of homemade fluids such as:
  - Clean water
  - Soup
  - · Yoghurt drinks
  - Light porridge
  - ORS



## Go to the health facility if...

- Advise to go to the health facility if the child:
  - · Cannot drink or feed
  - · Has blood in stool
  - Becomes sicker
  - · Develops any other danger sign
  - Has not improved in 2 days



### Sleep under a net

Advise caregiver to be sure the child sleeps under a mosquito net.



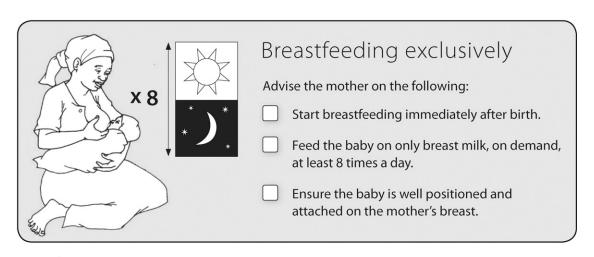
# Follow up child in 3 days

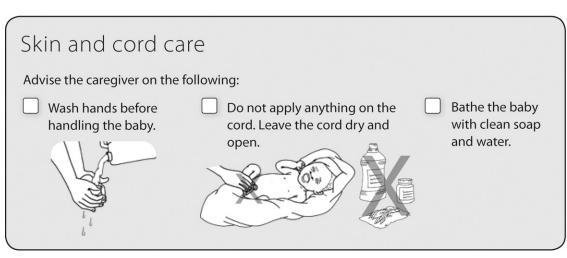
Decide if you (the VHT member) will go to the child or if the caregiver will bring the child to you.



# 6. ROUTINE CARE FOR THE NEWBORN

# Keeping the baby warm Advise the caregiver on the following: Wrap the baby in warm, dry clothes, including the head and feet. Put the baby in skin-to-skin contact with the mother, as shown in the picture. Delay the baby's first bath until after 24 hours.











# VHT/ICCM Register 2010

#### QUARTERLY HOUSEHOLD REGISTER

 Village:
 Labongali
 Household Number:
 59
 Head of Household:
 Ssalongo Kabugo Abdallah

 Name of VHT Member:
 Katumba Julius Ceaser
 Reporting Period:
 April - June 2010

GENERAL INFO: All Househo	ld M	embe	ers Abo	ve 5	Years	ADU	JLTS						PREGI	NANT W	OMEN			
Household Members (Above 5 Years)		ex F	Age	Died	Children not in School	Using FP Method	ART Treat- ment	Delivery Month	Ant	enatal to 2	Care \ H.C. 3	Visits 4	Danger Sign	Referred	Delivered at Home		k at H.C. 6 weeks	Using
Ssalongo Kabugo Abdallah	V		47			✓	<b>✓</b>											
Nnalongo Nalumansi Sarah		1	42			<b>✓</b>	<b>✓</b>											
Ssentongo Yusuf	1		23	V														
Nassalí Shíffa		/	21			X		October	/	/			<b>✓</b>	<b>✓</b>				✓
Namuddu Sharífa		1	18			X												
Ssemuddu Al-Hakim	<b>V</b>		13															
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GENERAL INFO: Child	ren 5	Year	and Bel	ow					CHILDE	REN: 5 Yea	rs and Belo	w		
Household Members (5 years and below)	Si M	ex F	Age	Died	ART Treatment	Immur Has Card	isation Up-to-date	Received 1st	Deworm 2nd	Received 1st	Vitamin A 2nd	Yellow MUAC	Red MUAC/ Oedema	Using
Babirye Nantongo Baker		V	2 yrs			✓	<b>✓</b>	V	✓	✓	X	✓	Х	
Katto Ssentongo Bashir	✓		4 yrs			✓	✓	✓	<b>✓</b>	✓	Х	Х	Х	✓

#### NEEDED FOLLOW-UP BY VHT

Make note of any household members or problems that need follow-up.

- The pit latrine is almost full so the family has stopped using it. They need to construct a new one.
- 2. Babirye and Katto need to get a last dose of Vitamin A
- Need to do health talk about nutrition since Babirye has yellow MUAC.
- Nassali Shifa has swelling.
  Follow-up to be sure she went
  to the health centre. Also
  need to remind about next
  ANC visit.
- Son Yusuf recently died in accident. Need to follow-up with family.

	HOUSEHO	LD: Water, Food	and Sanitation		
household is usin	g the following m	ethods to prevent s	sickness. Tick the bo	oxes for the things	the family has:
		V			
Safe drinking water	Kitchen	Drying rack for dishes	Rubbish pit	Latrine	Hand-washing area with soa near latrine
	Safe drinking	household is using the following m	household is using the following methods to prevent states of the following methods of the following	Safe drinking Drying rack	household is using the following methods to prevent sickness. Tick the boxes for the things

SUMMA		P	REGNANT V	VOMEN SI	JMMAR	Υ	CHILDI	REN SUM	MARY	
Using Family Planning Method	ART Treat- ment	No ANC Visits	Died during Childbirth	Delivered at Home	No Post Natal Check	Using ITN	Immunisation Up-to-date	Red MUAC/ Oedema	Using ITN	ART Treat- ment
2	2	0	0	0	0	1	2	0	1	0

		GEN	ERAL INFO	UMMARY			
	Less than 1 month M F	1 - 11 months M F	1 - 5 years M F	6 - 14 years M F	15 - 49 years M F	50 years and older M F	
Household Members			1 1	1	1 3		
Died					1		

QUARTERLY HOUSEHOLD REGISTER

Village: Household Number: Head of Household: Reporting Period: Reporting Period:

GENERAL INFO: All Househo	ld M	embe	ers Abo	ove 5	ears/	ADU	JLTS					PREGI	W TNAM	OMEN				
Household Members (Above 5 Years)	S	Sex F	Age	Died	Children not in School	Using FP Method	ART Treat- ment	Delivery Month	Ant 1	Care V H.C. 3	/isits	Danger Sign	Referred	Delivered at Home				
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		П	NEEDED FOLLOW-UP BY VHT
ck at H.C. 6 weeks	Using		Make note of any household members or problems that need follow-up.

GENERAL INFO: Child	ren 5	Years	and Be	low					CHILDR	EN: 5 Year	rs and Belo	w		
Household Members (5 years and below)	ART Treatment	Immur Has Card	isation Up-to-date	Received 1st	Deworm 2nd	Received 1st	Vitamin A 2nd	Yellow MUAC	Red MUAC/ Oedema	Using				

ADULT SUMMA		Р	REGNANT V	VOMEN S	JMMAR	Y	CHILDI	REN SUM	MARY	
Using Family Planning Method	ART Treat- ment	No ANC Visits	Died during Childbirth	Delivered at Home	No Post Natal Check	Using ITN	Immunisation Up-to-date	Red MUAC/ Oedema	Using ITN	ART Treat- ment

Find out if the	household is usin	g the following m	ethods to prevent s	ickness. Tick the bo	xes for the things	the family has:
						Hand-washing
Protected water source	Safe drinking water	Kitchen	Drying rack for dishes	Rubbish pit	Latrine	area with soa

			GEN	ERAL II	NFO SU	MMAR	Y				
	than onth F	1 - 11 r M	months F	1 - 5 M	years F	6 - 14 M	years F	15 - 49 M	years F	50 y and M	ears older F
Household Members											
Died											

 Village:
 Health Centre:
 VHT Name:
 Reporting Month and Year:

	GENE	DΛ	IIN	FO.						PRO	BLEM				TREATM	1ENT (given	by VHT)		OUT	TCOME
	o.iii										DEE.W.		Diar	rhoea	Fast Breathing	Fever	Fever + Danger Sign			COME
Date	Patient Name	M	EX F	AGE	Respiratory Rate (breaths/minute)		DT sults –	Diarrhoea	Fast Breathing	Fever	Danger Sign	Treated within 24 hrs	ORS	ZINC	AMOXICILLIN	ACT	RECTAL ARTESUNATE	Referred	Died	Bad Medicine Reaction
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					NEWBO	ORNS					
Date	Newborn Name		EX F	AGE (days)	Respiratory Rate (breaths/minute)	Routine Newborn Care	Hom Day 1	ne Visit by Day 3	VHT Day 7	Danger Sign	Referred
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#### QUARTERLY HOUSEHOLD SUMMARY

	HOUSEHOLD INFO					AC	SE SU	ММА	RY					ADULTS SUMMARY	PRE	GNANT WO	MEN SUM	MARY	CHILDREN S	UMMARY
House Number	Head of Household	1 m	than onth F	1 - 11 M	months F		years F			15 - 49 M	years F	50 y and M	ears older F	Adults Using FP Method	No ANC Visits	Died during Childbirth	Delivered at Home	No Post Natal Check	Immunisation Up-to-date	Red MUAC, Oedema
	TOTALS																			

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	Less than	1 month	1 - 11 r	nonths	1-5	years	6 - 14	years	15 - 49	years	50 years	and older
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Each VHT member should complete this form for his or her section of the village, every quarter.

VI	LLAGE HE																					
		ALTH TEAM	N						AGE	SUMM	ARY					ADULTS SUMMARY	PREG	NANT WO	MEN SUM	IMARY	CHILD	
	Name of V	HT Membe	r	Less th 1 mor M		1 - 11 n M	nonths F	1 - 5 y M	ears F	6 - 14 M	years F	15 - 49 M	years F	50 y and o		Adults Using FP Method	No ANC Visits	Died During Childbirth	Delivered at Home	No Post Natal Check	Immunisa- tion Up-to-date	Red MUA Oeder
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	Name of V	HT Membe	r	Less th 1 mon M		1 - 11 n M	onths F	1 - 5 y M	ears F	6 - 14 M	years F	15 - 49 M	years F	50 ye and o M		Adults Using FP Method	No ANC Visits	Died During Childbirth	Delivered at Home	No Post Natal Check	Immunisa- tion Up-to-date	Red MUAC Oedem
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	VILLAGE INFO						AGE S	UMMA	RY				ADULTS SUMMARY	PREG	NANT WO	MEN SUN	MARY	CHILD SUMN	
	Name of Village	Less 1 m		1 - 11 r M	months F	1-5 M	years F	6 - 14 M	years F	15 - 49 M	years F	ears older F	Adults Using FP Method	No ANC Visits	Died During Childbirth	Delivered at Home	No Post Natal Check	Immunisa- tion Up-to-date	Red MUAC/ Oedema
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QUARTERLY	SUB-COUNTY	SUMMARY

Sub-county:	Reporting Period:	VHT Coordinator:	Health Centre:

	PARISH INFO					AGE S	UMMA	RY					ADULTS SUMMARY	PREG	NANT WO	MEN SUM	MARY	CHILD SUMN	
	Name of Parish or Health Centre 2	Less 1 me	1 - 11 r M	nonths F	1 - 5 M	years F	6 - 14 M	years F	15 - 49 M	years F	50 y and M	ears older F	Adults Using FP Method	No ANC Visits	Died During Childbirth	Delivered at Home	No Post Natal Check	Immunisa- tion Up-to-date	Red MUAC/ Oedema
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#### QUARTERLY HEALTH SUB-DISTRICT SUMMARY

	SUB-COUNTY INFO						,	AGE SUM	IMARY					ADULTS SUMMARY	PREG	NANT WO	MEN SUM	IMARY	CHILD SUMM	
	Name of Sub-county	Less 1 m	than onth F	1 - 11 r M	months F	1 - 5 M	years F	6 - 14 M	years F	15 - 49 M	years F	50 y and o	ears older F	Adults Using FP Method	No ANC Visits	Died During Childbirth	Delivered at Home	No Post Natal Check	Immunisa- tion Up-to-date	Red MUAC/ Oedema
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					DEA	TH SUMI	MARY						
Sub- county	Less than	1 month F	1 - 11 n M	nonths F	1 - 5 y	years F	6 - 14 M	years F	15 - 49 M	years F	50 years and older M F		
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District: Reporting Period: District VHT Coordinator: Health Centre:

HE	EALTH SUB-DISTRICT INFO	AGE SUMMARY												PREGNANT WOMEN SUMMARY				CHILDREN SUMMARY	
	Name of Health Sub-district	than onth F	1 - 11 i	months F	1 - 5 M	years F	and older			No ANC Visits	Died During Childbirth	Delivered at Home	No Post Natal Check	Immunisa- tion Up-to-date	Red MUAC/ Oedema				
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